

Purpose: To report a case of Acute Syphilitic Posterior Placoid Chorioretinitis (ASPPC) as an isolated manifestation of neurosyphilis.

Case report: A 57-year-old white male who presented with low visual acuity on left eye (OS) eight days previous to admission. Past medical and ophthalmologic history were negative. Best corrected visual acuity was 20/20 on right eye (OD) and counting fingers at 1 meter on OS. Anterior segment examination and intraocular pressure were unremarkable on both eyes. Fundus examination and Optical coherence tomography (OCT) imaging of OD were unremarkable (Figure 1A and 2A). OS showed diffuse tortuous vessels, a yellowish, irregular placoid elevated lesion on the macula (Figure 1B). And OCT showed disruption of ellipsoid zone, hyperreflective nodularity and thickening of retinal pigment epithelium (RPE) layer (Figure 2B). Lab tests screening showed: erythrocyte sedimentation rate of 7mm and VDRL: 1/32 and FTA-Abs positive for IgG and negative for IgM. HIV, hepatitis and toxoplasmosis tests were negative. Patient was treated with intravenous ceftriaxone for 14 days. After six months of follow up, there was resolution of the fundus lesion, restoration of RPE layer's aspect and visual acuity improvement to 20/200 (Figure 3A and 3B).

Discussion: Ocular involvement is more likely to happen during secondary and tertiary syphilis, and most likely affecting the posterior pole. ASPPC as an isolated manifestation of neurosyphilis is rare.^{1,2} It is characterized by yellowish placoid lesions located on the retinal pigment epithelium at the macular area. This pattern of presentation occurs because the *Treponema pallidum* affects the choroid via blood stream and invades the outer retina.^{2,3} Multimodal imaging and laboratorial assessment can help the diagnosis.⁴ Given the recent increase of syphilis cases, early diagnosis and prompt institution treatment should be installed.

References:

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